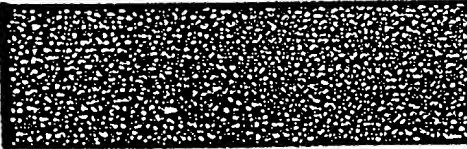


## 2700 INTERNAL TRANSFER REQUEST FOR S.N.

091770,767

|   |   |
|---|---|
| DATE: _____   | FROM: _____ (print name)  |
| FORWARD TO:<br>A. Art Unit: _____<br>B. Class: _____<br>C Subclass: _____ | REASON(S):<br>A. You had Parent <input type="checkbox"/> (check box)<br>B. See Title <input type="checkbox"/> (check box)<br>C. See Abstract <input type="checkbox"/> (check box)<br>D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED:  |   |

|   |   |
|---|---|
| DATE: _____   | FROM: _____ (print name)  |
| FORWARD TO:<br>A. Art Unit: _____<br>B. Class: _____<br>C Subclass: _____ | REASON(S):<br>A. You had Parent <input type="checkbox"/> (check box)<br>B. See Title <input type="checkbox"/> (check box)<br>C. See Abstract <input type="checkbox"/> (check box)<br>D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED:  |   |

|  |   |
|--|---|
| DATE: <u>10/7/02</u>   | FROM: <u>Lee</u> (print name)   |
| FORWARD TO CLASSIFIER<br> | REASON(S):<br>A. You had Parent <input type="checkbox"/> (check box)<br>B. See Title <input type="checkbox"/> (check box)<br>C. See Abstract <input type="checkbox"/> (check box)<br>D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED:   |   |

*But see claims 90, 93, 110, 129-131)*

## DISPOSITION BY 2700 CLASSIFICATION

|   |   |
|---|---|
| DATE: _____   | CLASSIFIER: _____   |
| FORWARD TO:<br>A. Art Unit: _____<br>B. Class: _____<br>C Subclass: _____ | REASON(S):<br>A. You had Parent <input type="checkbox"/> (check box)<br>B. See Title <input type="checkbox"/> (check box)<br>C. See Abstract <input type="checkbox"/> (check box)<br>D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED:  |   |